PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Mail Stop ISSUE FEE Commissioner for Patents

P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

indicated unless correcte maintenance fee notificat		nerwise in Block 1, by (a	a) specifying a new corre	espondence address;	and/or	(b) indicating a sepa	rate "FEE ADDRESS" for
CURRENT CORRESPONDE	No Fe pa ha	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
22913 7590 06/01/2010				Certificate of Mailing or Transmission			
Workman Nydegger 1000 Eagle Gate Tower 60 East South Temple				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
Salt Lake City, U	JT 84111						(Depositor's name)
							(Signature)
							(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/596,537 07/12/2006		•	Jianlan Xu		16469.3		7684
		ARATUS FOR BRAIN W		_			D. (T) D. (T)
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE		E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0		\$1055	09/01/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS				
TOTH, KAREN E		3735	600-544000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
		A TO BE PRINTED ON T		•			
recordation as set forth	ess an assignee is ident n in 37 CFR 3.11. Comp	oletion of this form is NO	data will appear on the T a substitute for filing a	patent. If an assign i assignment.	ee is id	lentified below, the do	ocument has been filed for
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
GUANGZHOU I	KEFU MEDICAL						
TECHNOLOGY CO., LTD GUANGZHOU, CHINA Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government							
Please check the appropri	ate assignee category or	categories (will not be pr	inted on the patent):	■ Individual 🚨 Co	orporati	on or other private gro	up entity 🖵 Government
4a. The following fee(s) a Significant Issue Fee Publication Fee (N Advance Order - #	o small entity discount p	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 23-3178 (enclose an extra copy of this form).					
5. Change in Entity Stat	tus (from status indicated	d above)					
**	s SMALL ENTITY statu		b. Applicant is no lo				
		uired) will not be accepted tes Patent and Trademark		the applicant; a regi	istered a	attorney or agent; or th	e assignee or other party in
Authorized Signature	/R. BURNS ISR	85	Date Augus	t 19, 2	2010		
Typed or printed name R. BURNS ISRAELSEN				Registration No. 42685			
This collection of information application. Confident	ation is required by 37 C iality is governed by 35	FR 1.311. The information U.S.C. 122 and 37 CFR	on is required to obtain or 1.14. This collection is e	retain a benefit by t stimated to take 12	he publ minutes	ic which is to file (and to complete, includin	by the USPTO to process) g gathering, preparing, and

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.